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CONFIRMATION NO. 5343

<b>SERIAL NUMBER</b> 10/798,971	<b>FILING OR 371(c) DATE</b> 03/11/2004 <b>RULE</b>	<b>CLASS</b> 428	<b>GROUP ART UNIT</b> 1794	<b>ATTORNEY DOCKET NO.</b> 34126/US	
<b>APPLICANTS</b> Rudolf Zihlmann, Langnau, SWITZERLAND; <b>** CONTINUING DATA *****</b> This application is a CON of PCT/CH02/00464 08/26/2002 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 101 44 892.9 09/12/2001 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/27/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 74307					
<b>TITLE</b> MULTI-LAYERED PLASTIC BODY FOR MEDICAL APPLICATIONS					
<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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